



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

08/05/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD093721983

FACILITY NAME ->

X Y Z FINISHING INC

MAILING ADDRESS ->

875 INDUSTRIAL HWY #8
CINNAMINSON, NJ 08077

INSTALLATION ADDRESS ->

875 INDUSTRIAL HWY #8
CINNAMINSON, NJ 08077

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: THEILIG GREGORY
X Y Z FINISHING INC
875 INDUSTRIAL HWY #8
CINNAMINSON, NJ 08077

| I.D. - FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| S | | | | | | | | | | | | | | |
| W | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25 | 26 | 27 | 28 | 29 | 30 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 49 | 50 | 51 | 52 | 53 | 54 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-----------------------------------|--|------------------------|
| SIGNATURE <i>Paul Kulinski</i> | NAME & OFFICIAL TITLE (type or print) PAUL KULINSKI - PRESIDENT | DATE SIGNED 8/23/85 |
|-----------------------------------|--|------------------------|

EPA Form 8700-12 (6-80) REVERSE

Send to:

EPA Region 3, Joan Henry (3HW32)
6th & Walnut Streets
Philadelphia, PA 19106

copy both sides

| ID — For Official Use Only | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----|---|
| C | | | | | | | | | | | | | T/A | C |
| W | | | | | | | | | | | | | | 1 |

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|------|------|------|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| F003 | D001 | D035 | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Gregory Theilig

Name and Official Title (type or print)

Gregory Theilig Vice President

Date Signed

2/18/91